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PTO/SB/21 (09-04)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/964,198	
		Filing Date	September 27, 2001	
		First Named Inventor	Brian Batke, et al.	
		Art Unit	2142	
		Examiner Name	Michael D. Meucci	
Total Number of Pages in This Submission	10	Attorney Docket Number	01AB030 (1506.022)	

ENCLOSURES (Check all that apply)									
X Fee Trans	mittal Form	Drawing(s)	After Allowance communication to (TC)						
X Fee	Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences						
X Amendme	nt/Response	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)						
Afte	r Final	Petition to Convert to a Provisional Application	Proprietary Information						
Affic	lavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter						
X Extension	of Time Request	Terminal Disdaimer	Other Enclosure(s) (please identify below):						
Express Al	oandonment Request	Request for Refund	RCE Transmittal; Check for \$1,810.00; Postcard						
Information	Disclosure Statement	CD, Number of CD(s)	·						
Certified Copy of Priority		Landscape Table on CD							
Incomplete Reply	issing Parts/ e Application to Missing Parts under R 1.52 or 1.53	Remarks							
	/sign/	ATURE OF APPLICANT, ATTORNEY, OR	AGENT						
Firm Name		holm Stein & Gratz S.C.							
Signature									
Printed name	Keith M. Baxter								
Date	July 25, 2006 Reg. No. 31,233								
CERTIFICATE OF TRANSMISSION/MAILING									
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Typed or printed name Mary K. Vuk Date July 25, 2006									

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PTO/SB/17 (12-04v2)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/964,916 Application Number FEE TRANSMITTAL September 27, 2001 Filing Date First Named Inventor Brian Batke, et al. For FY 2005 Michael D. Meucci **Examiner Name Art Unit** 2142 Applicant Claims small entity status. See 37 CFR 1.27

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TOTAL AMOUNT OF PAY	MENT	(\$1,810.00)	-	Atton	ney Docket No.	01AB030 (15	006.022)		
METHOD OF PAYMENT (check all that apply)									
METHOD OF PAYMENT (check all that apply) X Check									
FEE CALCULATION									
1. BASIC FILING, SEA	FILING F		F EES SEAR	CH FEES Small Entity	EXAMINAT <u>Sm</u>	ION FEES all Entity			
Application Type	Fee (\$) F	ee (\$)	Fee (\$)	Fee (\$)		-ee (\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FER Fee Description Each claim over 20 or, for Each independent claim Multiple dependent claim Total Claims 15 - 20 or HP =	for Reissues, en over 3 or, for ms Extra Claims	each claim over r Reissues, each <u>Fee (\$)</u> x	indepe	more than in the ndent claim mo	re than in the orig	ginal patent Multiple Depend Fee (\$)	Small Entity Fee (\$) 50 25 200 100 360 180		
HP = highest number of total cla	-								
Indep. Claims 2 - 3 or HP = HP = highest number of indeper		x for, if greater than 3	_ =	Fee Paid (\$)					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
- 100 = /50 = (round up to a whole number) x = Fees Paid(\$)									
Other: RCE Fee (\$790); 3 month Extension Fee (\$1,020) \$1,810.00									
SUBMITTED BY			7	<u> </u>					

Signature

Registration No. (Attorney/Agent)

Name (Print/Type) Keith M. Baxter

Registration No. (Attorney/Agent)

Date July 25, 2006

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